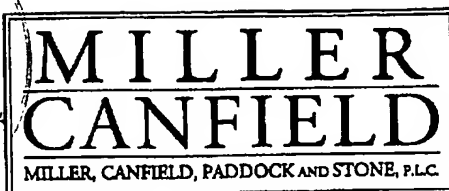


Founded in 1852
by Sidney Davy Miller



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January 12, 2006

Office of Initial Patent Examination's Filing Receipt Corrections

Attention: Ms. Robinson

VIA FACSIMILE 571-273-9091

P.O. Box 1450

Alexandria, VA 22313-1450

Re: **Inventors: Wen-Cherng Lee, et al.**

Application No.: 10/510,459

Our Reference No.: 124269/A158/00073

**Title: TRI-SUBSTITUTED HETEROARYLS AND METHODS OF
MAKING AND USING THE SAME**

Dear Ms. Robinson:

Attached is a copy of the filing receipt for the above-referenced application. The Filing Receipt incorrectly lists Russell C. Petter as Russell C. Peter. There should be two "t"s in Petter. The correct spelling should be "Russell C. Petter."

This application was filed via the PCT route and thus please find attached a copy of the PCT Request Form (PCT/RO/101) showing the correct spelling of Russell C. Petter's name.

We request the issuance of a corrected Filing Receipt.

Very truly yours,

MILLER, CANFIELD, PADDOCK AND STONE, P.L.C.

By: Kathleen A. Horn
Kathleen A. Horn

kah

Enclosures

cc: Biogen Idec MA, Inc. w/enclosures

KZLIB:502354.1\124269-00073

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A158US002



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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/510,459	08/25/2005	1825	1778	A158 US		49	1

CONFIRMATION NO. 2278

Biogen Idec
 14 Cambridge Center
 Cambridge, MA 02142

FILING RECEIPT



OC000000017835302

Date Mailed: 12/14/2005

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

IF DEPT

Applicant(s)

Wen-Cherng Lee, Lexington, MA;
 Lihong Sun, Arlington, MA;
 Feng Shan, Burlington, MA;
 Claudio Chuaqui, Somerville, MA;
 Zhongli Zheng, Lexington, MA;
 Russell C Peter, Stow, MA;

DEC 9 9 2005

RECEIVED TO

NOTED BY

Correction to: Russell C Petter, Stow, MA

Power of Attorney:

Constance Yeung--56137

Domestic Priority data as claimed by applicant

This application is a 371 of PCT/US03/10440 04/04/2003
 which claims benefit of 60/369,793 04/04/2002

Foreign Applications

Projected Publication Date: 03/23/2006

Non-Publication Request: No

Early Publication Request: No

Sheet No. ...3...

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
If none of the following sub-boxes is used, this sheet should not be included in the request.	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) PETTER, Russell C. 343 Hudson Road Stow, MA 01775 United States of America	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality:	State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
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State (that is, country) of nationality:	State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.	